

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9998

BIRTH NO. FILED MAR 19 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2209

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY OR TOWN St. Louis				
c. LENGTH OF STAY (In this place) 37 yrs.				d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 2/ 1417 Sarsfield Pl.				
3. NAME OF DECEASED (Type or Print)			a. (First) Andrew			b. (Middle) Dukes		
c. (Last)			4. DATE OF DEATH			(Month) (Day) (Year)		
5. SEX Male 2			6. COLOR OR RACE Negro			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated		
8. DATE OF BIRTH 1-5-1890			9. AGE (In years last birthday) 64			10. IF UNDER 1 YEAR Months Days		
11. IF UNDER 24 HRS. Hours Min.			12. CITIZEN OF WHAT COUNTRY? U.S.A.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Merrouge, La. /		
13a. FATHER'S NAME Allen Dukes			13b. MOTHER'S MAIDEN NAME Mary Patter			14. NAME OF HUSBAND OR WIFE Callie Dukes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Callie Dukes 5087 Kingston Pl.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation; Coronary Pulmonale ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis				INTERVAL BETWEEN ONSET AND DEATH Undt.	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 4343A		
22. I hereby certify that I attended the deceased from 1-17, 1954, to 3-7, 1954, that I last saw the deceased alive on 3-7, 1954, and that death occurred at 12:05A m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) E. B. Williams M.D.			23b. ADDRESS 2601 N. Whittier			23c. DATE SIGNED 3-8-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal			24b. DATE 3-11-54			24c. NAME OF CEMETERY OR CREMATORY Washington Park		
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dement & Son 2629-31 Cole St.					
DATE REC'D BY LOCAL REG. MAR 10 1954			REGISTRAR'S SIGNATURE J. Carl Smith M.D. (Licensed Embalmer's Statement on Reverse Side)					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *H. C. L. Gordon*

Licensed Embalmer No. *348*

P. O. Address *4575 Al*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.